CANCELLATION OF NATIONAL REFRIGERANT HANDLING LICENCE



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Licence No L			Date	/	/					
Applicant Details										
Last Name										
First Name									In	itial
Postal Address										
						State			Post Code	
Contact Numbers	Bus			Fax				Home		
	Mob			E-mail						
Applicant's Declaration										
I declare that I no longer require a Refrigerant Handling Licence as I am no longer working with Refrigerants. Should I intend to return to working with Refrigerants I understand I will need to reapply for a Refrigerant Handling Licence before doing so.										
 I declare that the above information is true in every particular. I understand that there are severe penalties for providing false and misleading information. 										
Signature of Applica	ınt					Date	/	/		
Signature of Witness	S					Date	/	/		
Name of Witness										
Postal Details:										
The Australian Refrigeration Council Locked Bag 3033 Box Hill Victoria 3128										

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